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Joint Inspection Unit

Review of the Medical Service in the United Nations system

Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the General Assembly his comments and those of the United Nations System Chief Executives Board for Coordination on the report of the Joint Inspection Unit entitled "Review of the Medical Service in the United Nations system" (JIU/REP/2011/1).

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Summary

The report of the Joint Inspection Unit entitled "Review of the Medical Service in the United Nations system" assesses the manner in which medical services are provided, managed, supported and monitored in the United Nations system, with a view to proposing improvements that will enable the United Nations to fulfil its duty of care with regard to the safety and health of staff. The report contains seven recommendations, of which the two are addressed to legislative bodies.

The present note presents the views of United Nations system organizations on the recommendations provided in the report. The views of the system have been consolidated on the basis of inputs provided by member organizations of the United Nations System Chief Executives Board for Coordination, which welcomed the report, generally supported its recommendations and noted the need for clarification on specific aspects of the report and further discussion on proposals for system-wide medical response.

I. Introduction

1. In its report entitled "Review of the Medical Service in the United Nations system" (JIU/REP/2011/1) the Joint Inspection Unit assesses the manner in which medical services are provided, managed, supported and monitored in the United Nations system, with a view to proposing improvements that will enable the United Nations to fulfil its duty of care with regard to the safety and health of staff.

2. The Joint Inspection Unit recommends that the Secretary-General should modify the mandate and role of the Medical Services Division. It notes that occupational safety and health services should remain independent from other administrative/organizational units and report either directly to the head of the organization or to his/her appointed representative. The report also focuses on medical services in the field and draws attention to the need to improve the overall coordination of system-wide medical services. It raises the issue of accountability in field medical services, which it notes has led to difficulties in overcoming disagreements on cost-sharing by the various agencies using the facilities. The report concludes with a call for the establishment of a system-wide network for occupational safety and health issues — including, but not limited to, medical services — modelled on the Inter-Agency Security Management Network that addresses security issues. The proposed new coordinating body would monitor the implementation of United Nations occupational safety and health policies, practices and procedures, and thereby support the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination in its comprehensive review of issues pertaining to the entire United Nations occupational safety and health structure.

II. General comments

3. Organizations of the United Nations system generally support the content and conclusions of the report and agree with the strategic observations and far-reaching recommendations in it as far as they serve to stimulate discussion and action to improve system-wide occupational health structures. They regard the report as highly relevant and timely when considered in the context of the United Nations strategic movement towards mobility and increased field presence, and of particular relevance to staff deployed at hardship duty stations. Agencies welcome in particular the need for strengthened management and accountability structures for field medical services; the recognition that the future direction for health-care services in the United Nations system requires a paradigm shift, encompassing modern interdisciplinary concepts of occupational safety and health; the need for system-wide policies on occupational safety and health as a matter of priority; and the need to ensure that future inter-agency management and funding of issues related to occupational safety and health in the field should occur through a structure modelled on the Inter-Agency Security Management Network.

4. However, agencies expressed specific reservations and concerns on certain aspects of the report which require clarification and/or elaboration. For example, in paragraph 30 of the report it is stated that staff counselling services "may also be concurrently outsourced to external providers". Agencies are of the view that staff welfare and counselling services are more effectively provided by internal resources, closely linked to the medical services and the human resource departments that have

a clear understanding of the working environment and workplace issues or stressors that may be contributing to staff concerns.

5. With regard to section III.E of the report, which provides details on field medical service providers, agencies would like to clarify that the Critical Incident Stress Management Unit of the United Nations Secretariat views its role as a security victim support service to be different from occupational safety and health, which is a public health specialty and deals with environmental health, ergonomics, and the prevention of other health hazards. Proposals for making that Unit a full member of the proposed coordinating body, the United Nations Network on Occupational Safety and Health, may be akin to considering it as a medical unit. It would, de facto, be transferring the competencies of the victim support component of the security operations of the United Nations Secretariat to its medical components. It would also be transferring the coordination role of the Critical Incident Stress Management Unit to the United Nations Medical Emergency Response Team. In essence, it would be putting a security enabling entity under the medical services components of the United Nations Secretariat. It is obvious that while the Critical Incident Stress Management Unit provides immediate victim support, once this is completed, affected staff are likely to continue into the medical system, be it for evacuation, ongoing care, sick leave certification, or compensation. The link, therefore, between victim support and occupational safety and health, ensuring that staff members are provided with predictable, seamless and effective care, would be facilitated through the full and effective coordination of the Critical Incident Stress Management Unit, including through "observer status", with the proposed United Nations Network on Occupational Safety and Health.

6. Other aspects of the report also require clarification. For example, agencies note that comments in paragraphs 14 to 24 should take account of the fact that occupational safety and health is already a component of the medical support strategy of the Department of Field Support of the United Nations Secretariat. Occupational safety and health procedures are applied before peacekeepers deploy from their country, as they must undergo a thorough screening exercise to ascertain their fitness prior to deployment. They are also expected to undergo training in preventive medicine (personal and environmental hygiene) and first aid in relation to the assigned mandate, and should be fully aware of how to protect themselves against the health and environmental hazards in the area of deployment and particular occupation. On deployment, their units are expected to be involved in continuous training on these matters while performing their mandated duties.

7. With respect to the Joint Inspection Unit's comments on medical services in the field, agencies, while acknowledging the fact that Headquarters staff, by virtue of their location, have access to first-class medical facilities when compared to United Nations staff in the field, note that it is important to emphasize the challenges of replicating in the field the facilities available at Headquarters. Even where these resources are deployed, they come with the inherent risks of frequent medical staff rotation and the possibility of movement from one location to another.

8. Agencies agree that, for credibility purposes and to ensure the stability and range of essential medical services, the contractual status of all medical staff must be reviewed to ensure system-wide fairness and equality. However, in the course of such a review, attention should also be given to the career progression of the non-clinical staff, as they form the support foundation for medical care in the field.

9. In addition, agencies are of the view that the report's claim of inadequacy of medical services in the field, as expressed by the United Nations Medical Directors Working Group, cannot be generally applied to the entire medical system of the United Nations. It is worth noting that oversight bodies of the United Nations system have not pronounced any insufficiency or sub-optimal performance of the United Nations medical facilities deployed in the field and therefore question the validity of such a broad statement. This notwithstanding, the United Nations system in collaboration with the other stakeholders is making continuous efforts to review its policies and guidelines to ensure their relevance to the current approaches to medical facilities, support, diagnosis and treatment.

10. With regard to paragraphs 60 to 62, agencies wish to clarify that only missions designated as peacekeeping missions are mentioned in the report, whereas special political missions are not. The only reference to special political missions is found in annex IV to the report. It should be noted that the mechanisms for the provision of medical services in both structures may be different, because of the absence of military forces within special political missions.

11. Agencies agree with the view expressed in the report that there is a need for a centralized, properly structured and funded procurement system for medical supplies, which would increase efficiencies of bulk purchasing, reduce unnecessary and duplicated administration, and minimize such delays in the future. In the case of medical services in the field, centralized funding for large-scale emergency medical requirements would be optimal.

III. Specific comments on recommendations

Recommendation 1

Executive heads of United Nations system organizations should appoint focal points in their respective organizations to facilitate the development and implementation of the necessary occupational safety and health policies and procedures, and should present them without delay to their respective legislative bodies for adoption.

12. Agencies generally agreed with recommendation 1. They note, however, that for specialized agencies with mechanisms in place to address safety and health concerns, the further development of occupational safety and health policies would divert resources from other organizational priorities, without necessarily adding value.

Recommendation 2

The legislative bodies of United Nations system organizations should adopt appropriate standards with regard to occupational safety and health issues, taking into account and ensuring compatibility with emerging modifications to the minimum operating safety and security standards.

13. Organizations of the United Nations system support this recommendation and recognize that it is addressed to legislative bodies. However, they note that this recommendation could unnecessarily draw legislative bodies of the organizations of the United Nations system into an operational matter that may already have been addressed by the respective administrations or secretariats, and a policy matter that

is already being addressed by the Department of Safety and Security of the United Nations Secretariat.

Recommendation 3

Executive heads of United Nations system organizations should implement systems enabling the electronic capture/archiving of staff members' medical records, if they are not already in place.

14. Agencies welcomed this recommendation and noted that most organizations already deploy electronic medical record-keeping, and that action is being taken where systems are not yet in place to enable the capture/archiving of staff members' medical records. However, some agencies cautioned against the implementation of this recommendation, which in their view would not bring meaningful benefits as it would introduce additional costs related to training, particularly if the majority of staff members were based at headquarters locations. Agencies also noted that this recommendation would be more applicable and useful for organizations with increased field presence and staff mobility.

Recommendation 4

The Administrator of the United Nations Development Programme, in consultation with the United Nations Medical Services Division and the United Nations Medical Directors Working Group, should finalize and adopt the terms of reference for the administration of United Nations dispensaries, thereby ensuring consistent and transparent management practices to meet the medical requirements of United Nations system staff concerned.

15. Organizations of the United Nations system support and welcome this recommendation.

Recommendation 5

The Secretary-General should amend ST/SGB/2004/8 to reflect the revised mandate and role of the United Nations Medical Services Division, ensuring effective implementation of occupational safety and health policies and the United Nations global health-care system.

16. Organizations of the United Nations system support and welcome this recommendation.

Recommendation 6

The United Nations Medical Services Division should develop an effective monitoring and evaluation tool for assessing the services provided by United Nations examining physicians and update the global list on an annual basis.

17. Organizations of the United Nations system support and welcome this recommendation.

Recommendation 7

The General Assembly should mandate the Secretary-General to create the United Nations Network on Occupational Safety and Health, with defined terms of reference, which should be headed by the United Nations Chief Medical Director.

18. Agencies welcome recommendation 7 and note the need for further discussions on the creation and parameters of a United Nations Network on Occupational Safety and Health. Agencies believed that if a network were established, it would first require more in-depth discussion of roles and its subsequent terms of reference, especially with regard to those of the United Nations Medical Directors Working Group, the United Nations Staff Stress Counsellors Special Interest Group, and the Critical Incident Stress Working Group.